



SHARP News



Screening for Asymptomatic *Chlamydia trachomatis* infection

Annual screening of sexually active females aged 25 and under for asymptomatic *Chlamydia trachomatis* infection is recommended by the U.S. Preventive Services Task Force¹ and the Department of Defense², and is required for active duty females by the Department of the Navy³ as a component of the preventive health assessment.

According to the CDC⁴, *C. trachomatis* is typically asymptomatic in 75% of infected females and 50% of infected males. The consequences of untreated infections may be devastating. Up to 40% of women with untreated chlamydia will develop PID. Of those with PID, 20% will become infertile; 18% will experience chronic pelvic pain; and 9% will experience an ectopic pregnancy. Chlamydia may also result in neonatal conjunctivitis and pneumonia. Women infected with chlamydia have a 3 - 5 fold increased risk of acquiring HIV, if exposed.

The prevalence and incidence of infection among Americans and DoN populations emphasize the need for routine screening. A recent study of 200 adolescent military family members in San Antonio, Texas, reported in *Military Medicine*⁵ found prevalence rates of 14% among females and 11% among males. The prevalence of asymptomatic *C. trachomatis* among military recruits has been reported to be as high as 6.9%. *C. trachomatis* has long had the distinction of being the most common sexually transmitted infection in the U.S, with 3 million new cases each year.⁴ In calendar year 2001, *C. trachomatis* infection was the most frequently reported communicable disease among active duty DoN members (2361 Sailors and 825 Marines).⁶

CDC recommends **re-screening** of recently infected women 3-4 months after treatment⁷ because of the high prevalence of repeat infection within several months among women treated for *C. trachomatis*, and because repeat infection confers increased risks of PID and other complications. Most post-treatment infections are re-infections acquired from untreated sexual partners. All infected patients should be instructed to **inform their partners** and refer them for testing and treatment. NEHC SHARP offers an instructive guide and self-study course to assist Navy healthcare providers with sexual partner counseling and referral.

1. U.S. Preventive Services Task Force (1996). *Guide to clinical preventive services*, 2nd ed., 325-332.
2. DoD Armed Forces Epidemiological Board 1999. *AFEB recommendations regarding chlamydia screening*. AFEB(15-1a)99-1, 25 May 1999
3. DoN Office of the Chief of Naval Operations (2001). OPNAV 6120.3 *Preventive Health Assessment*, para 6i(1)(b). 5 Dec 2001.
4. CDC (2002). Fact sheet - *Chlamydia in the U.S.* <http://www.cdc.gov/nchstp/dstd/Fact_Sheets/chlamydia_facts.htm>
5. Lachner, Brent Lee (2002). The prevalence of asymptomatic *Chlamydia trachomatis* in military dependent adolescents. *Military Medicine* 167, 7:600-602
6. Telfair, Tamara (2002). 2001 top ten list -medical event reports. *Naval Medical Surveillance Report* 5;1: 14. < <http://www-nehc.med.navy.mil/downloads/prevmmed/marian3.pdf>>
7. CDC (2002). Sexually transmitted diseases treatment guidelines 2002. MMWR 2002;51 (RR-6): 33-35 < http://www-nehc.med.navy.mil/downloads/hp/std_rx_2002.pdf>

"Chart a Safe Course"

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